

Qty Purchase Agreement QPA Number	Page
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Requisition Nbr.:	Hearing Aid Devices & Services
Effective Date:	12/02/2011
Expiration Date:	12/14/2013
Agency Number:	
Facility:	ASA-RFP-11-17
Vendor ID:	0000065576
Vendor Telephone Nbr:	
Name Of Contact Pers:	
FAX Number:	

Name and Address of Vendor: STARKEY LABORATORIES INC
PO BOX 9457
MINNEAPOLIS MN 55440

Line Number	Quantity	UNIT	Article and Description	Unit Price
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.Instructions for account set-up and ordering information:

1. Hearing Devices must be approved through the FSSA Vocational Rehabilitation Division or other State Agency once proper need has been determined.
2. Vendor will maintain an online ordering system that only allows the Vocational Rehabilitation Counselor or designated Agency Director access to edit or cancel orders.
3. Contractor shall maintain an Online Ordering System that includes the following:
 - a. Orders Equipment
 - b. Orders ear impressions and maintains a connection between the aids and impressions
 - c. Tracks Equipment
 - d. Investigates and compares equipment
 - e. Accepts E-Mailed Orders (for BTE and RIC devices only)
 - f. Provides an E-mail confirmation when the order is received from the Counselor
 - g. Provides an E-mail confirmation when impressions are received from the audiologist

1	0.00 EA Hearing Aid Devices & Services	0.0000
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Signature of Purchasing Officer <i>Katherine L. Harrington, CPPB</i>	Typed Name	Signature Of Approval Office Of the State Attorney General <i>Jessie M. Gail FOR</i>
Authorized Signature <i>[Signature]</i>	Date Signed	Typed Name Gregory F. Zoeller Date Signed 12-20-11
Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3150		